

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Adore</i>		<i>09-05-01</i>
O.I.P.E. CLASSIFIER		<i>43</i>	<i>9/13/01</i>
FORMALITY REVIEW	<i>K.D.</i>	<i>1121</i>	<i>10-4-2001</i>
RESPONSE FORMALITY REVIEW			

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# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	0
6	0
7	✓
8	✓
9	0
10	✓
11	✓
12	0
13	✓
14	✓
15	✓
16	✓
17	✓
18	0
19	✓
20	0
21	✓
22	✓
23	✓
24	✓
25	0
26	✓
27	✓
28	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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